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In re **COMMUNITY HOME HEALTH**
Debtor

U.S. COURTS Case No. (if known)

98 AUG 17 PM 4:16 98-02141

****ADDENDUM TO****

SCHEDULE F - CREDITORS HOLDING **UNSECURED NONPRIORITY CLAIMS**

=====	
Creditor's name and complete mailing address including zip code	Amount of claim
Date claim was incurred and consideration for claim. If claim is subject to setoff, so state.	
=====	

Account no.:

Amount of claim:

136,553.00

Citicorp

450 Mamaroneck Ave.

Harrison, NY 10528

Date incurred:

Consideration for claim:

Claim is: **Contingent, Unliquidated and Disputed**

cc: BR/UST
8/18/98 *h*

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